

ACCIDENT/MADISON INSURANCE COMPANY

JANITORIAL/MAINTENANCE SUPPLEMENTAL APPLICATION

(Complete in addition to Acord Applications)

Applicant:	Producer:
Applicant Contact Name:	Producer Phone #:
Applicant Phone #:	Producer email:

GENERAL INFORMATION	
Number of Years in Business:	Total Owner Payroll:
Number of Years Experience:	Total Employee Payroll:
Total Sales:	Total Number of Employees:
	Total Cost of Subcontractors:

PRIOR GL CARRIER INFORMATION	
Do you carry GL currently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any claims in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to above, date of expiration of GL coverage?	Any coverage cancelled or non-renewed in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current GL carrier and expiring premium:	
Provide details of any prior claims:	
Provide reason(s) for prior cancellation or non-renewal of GL coverage:	

Please check all operations performed by the insured and/or employees:		
<input type="checkbox"/> Janitorial Service (no floor waxing)	<input type="checkbox"/> Cleaning Vent Hoods(Degreasing)	<input type="checkbox"/> Wood or Coal Stove Cleaning
<input type="checkbox"/> Restoration Service	<input type="checkbox"/> Cleaning AC or Heating Vents	<input type="checkbox"/> Floor Waxing
<input type="checkbox"/> Construction Clean-up	<input type="checkbox"/> Crime or Accident Scene Cleanup	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Pressure Washing	<input type="checkbox"/> Chimney Cleaning	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Landscaping/Lawn Care	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Painting
<input type="checkbox"/> Locksmith	<input type="checkbox"/> Drywall repair	<input type="checkbox"/> Door/Window Replacement
<input type="checkbox"/> Other (explain):		

Please check all operations performed by insured subcontractors:		
<input type="checkbox"/> Janitorial Service (no floor waxing)	<input type="checkbox"/> Cleaning Vent Hoods(Degreasing)	<input type="checkbox"/> Wood or Coal Stove Cleaning
<input type="checkbox"/> Restoration Service	<input type="checkbox"/> Cleaning AC or Heating Vents	<input type="checkbox"/> Floor Waxing
<input type="checkbox"/> Construction Clean-up	<input type="checkbox"/> Crime or Accident Scene Cleanup	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Pressure Washing	<input type="checkbox"/> Chimney Cleaning	<input type="checkbox"/> Pest Control
<input type="checkbox"/> Landscaping/Lawn Care	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Painting
<input type="checkbox"/> Locksmith	<input type="checkbox"/> Drywall repair	<input type="checkbox"/> Door/Window Replacement
<input type="checkbox"/> Other (explain):		

Please check all locations where operations are performed:

<input type="checkbox"/> Convention Centers	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Supermarkets
<input type="checkbox"/> Assisted Living Facilities	<input type="checkbox"/> Apartments/Condos	<input type="checkbox"/> Stadiums/Arenas
<input type="checkbox"/> Nursing Homes	<input type="checkbox"/> Private Residences	<input type="checkbox"/> Airports
<input type="checkbox"/> Private Practice Medical Offices	<input type="checkbox"/> Retail Stores Open 24-Hours	<input type="checkbox"/> Train Stations
<input type="checkbox"/> Hospitals, Clinics, Surgical Fac.	<input type="checkbox"/> Large Retail Stores	<input type="checkbox"/> Cruise Ship Terminals
<input type="checkbox"/> Industrial Plants	<input type="checkbox"/> Shopping Centers/Malls	<input type="checkbox"/> Construction Sites
<input type="checkbox"/> Restaurants	<input type="checkbox"/> Parking Lots	
<input type="checkbox"/> Other (Explain):		

Please answer the following questions:

1. Do you sell or install any products? Yes No. If yes, please explain:
2. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any claim or legal action? Yes No. If yes, please explain:
3. Are you part of a franchise? Yes No. If yes which one?
4. Do you use subcontractors? Yes No. If yes please complete the following:
 - a. Do you require all subs to carry GL limits equal to yours? Yes No
 - b. Do you require all subs to carry their own WC? Yes No
 - c. Are you named as an AI under your subs GL coverage? Yes No
 - d. Do you keep certificates of insurance for 5 years? Yes No
 - e. Do you require all subs to sign a HH agreement in your favor? Yes No
5. Do you perform drug tests on all new hires? Yes No
6. Do all crews post warning signs at job sites? Yes No
7. Do you perform exterior window cleaning above 3 stories? Yes No

I hereby certify that the answers to all questions above are true and correct to the best of my knowledge and belief. I understand that any questions answered falsely or incorrectly may lead to cancellation of my policy or denial of a claim.

Applicants Signature: _____ Date: _____

Producers Signature: _____